

Kentucky Environmental and Public Protection Cabinet
Department for Environmental Protection
Division of Compliance Assistance
Operator Certification Program
14 Reilly Road
Frankfort, Kentucky 40601

Application for Approval of Courses for Continuing Education Credit
For Kentucky Operators
of
Drinking Water Treatment &/or Distribution
Wastewater Treatment & Collection

General Information

Certified operators of drinking water and wastewater systems in Kentucky are required by 401 KAR 8:030 and 5:010 to earn continuing education in order to periodically renew their certifications. Training that is used for renewal of certifications must be approved by the respective Boards (i.e., Kentucky Board of Certification of Water Treatment and Distribution System Operators and/or the Kentucky Board of Certification of Wastewater System Operators). As a potential sponsor of a Board approved course, you must complete and submit this application and provide supporting information as pertinent.

Upon receipt of a completed application, the Board(s) will initiate the review process at their next regular meeting. The Boards typically meet each month, Wastewater on the third Tuesday and Drinking Water on the third Wednesday. **Review of large requests from a commercial vendor (e.g., online vendors with a catalog full of courses) may be held until operators reflect interest in the course(s).** If your training request is determined to be unacceptable for any reason, you will receive a statement with deficiencies or other comments. It is preferred that all training courses be submitted and approved prior to operators completing them. With “after the training” requests for approval comes the risk that completed training may not be approved by the Board(s) and operators will not receive credit. A change in instructors, course content, or time involved by participants will require re-submittal.

Provided with this application is a “Continuing Education Activity Report” form that is to be used by the course sponsor to document training credits for operators. It should be submitted soon after the training event, preferably within 30 days. Both the application and report forms may be reproduced as needed, but not altered without permission. Electronic versions are now available from the Kentucky Division of Compliance Assistance via the Internet web page <http://www.dca.ky.gov/>. Additional information may be acquired by calling the Operator Certification staff at (502) 564-0323, toll free at (800) 926-8111 or via FAX at (502) 564-9720.

Instructions

- 1) Sections I, II, & III must be completed. Attachments required per Section III should be clearly labeled in accordance with the outline of the application.
- 2) Attachments listed in Section IV relate mostly to distance learning courses, if applicable to your training it is recommended that you provide them.
- 3) An appropriate signature with date is required in Section V.
- 4) **Submit the application and all attachments at one time, preferably 60 days or more prior to the scheduled training event.**

Application for Approval of Courses for Continuing Education Credit
Kentucky Division of Compliance Assistance / Operator Certification Program
14 Reilly Rd., Frankfort, Kentucky 40601

I. Course Sponsor Information

A. Sponsoring Organization (school, business, association, etc.) _____

B. Key Contact Person: _____

Name & Title _____

Address _____

City, State & Zip _____

Phone & Fax _____

Email _____

Web Page _____

II. General Course Information

A. Title _____

B. Location & Date/s _____

C. Cost per Student or Group \$ _____

D. Delivery Format or Media (Check those that apply):

☐ Classroom

☐ Web/Online

☐ Laboratory

☐ Exhibition

☐ Field

☐ CD-ROM

☐ Video/Audio

☐ Correspondence

☐ Other (Explain) _____

E. Continuing Education Credits (**hours**) Requested for Target Audience:

Drinking Water Treatment &/or Distribution Operator Hours _____

Wastewater Treatment &/or Collection Operator Non-process Control Hours _____

Wastewater Treatment Operator Process Control Hours _____

(Attach detailed description explaining how this training relates to the wastewater treatment process).

III Required Items (must be attached to submittal, check off as completed)

A. ☐ Course Learning Objectives

B. ☐ Criteria for Successful Completion by Operators

C. ☐ Agenda (Timed with instructors identified & brief description of topics)

D. ☐ Credentials for all Instructors

IV. Additional Attachments (required for distance learning courses, optional for other training)

A. ☐ Instructional Design (Developed by whom / their credentials)

B. ☐ Curriculum Content (Subject matter experts / their credentials)

C. ☐ Needs Analysis of Participants (Designed by whom / methods / results)

D. ☐ Field Testing of Course (Developed & conducted by whom / audience / results)

E. ☐ Ongoing Course Evaluation (Methods for feedback & assessment / results to date)

F. ☐ Support Available to Participants (instructions / validation of content / references)

G. ☐ List of colleges, universities, regulatory agencies, etc. that have awarded credits for the course (provide semester hours and/or continuing education awarded).

H. ☐ Required Assignments &/or Examinations (type, passing score, etc.)

I. ☐ Mandatory Time Constraints (deadlines, granting of extensions, etc.)

J. ☐ Documentation of Results to Students (copy of certificate, letter, etc.)

K. ☐ Security Procedures (Operator identification, tracking of hours, exam proctors, etc.)

V. Signature of Sponsor's Contact Person

I confirm that all information provided with this application is accurate to the best of my knowledge. A complete list of attendees and credits to be awarded to them will be forwarded on a "Continuing Education Activity Report" to the Kentucky Division of Compliance Assistance (within 30 days of completing the course when possible).

Printed Name & Title _____

Signature & Date _____

For Division of Compliance Assistance Use Only

Evaluated by:

☐ Drinking Water Board Date _____
☐ Wastewater Board Date _____

☐ This course has been approved for the following continuing education credits (hours):

Drinking Water Treatment &/or Distribution Operator Hours _____

Wastewater Treatment &/or Collection Non-process Control Hours _____

Wastewater Treatment Process Control Hours _____

☐ Consideration of this course has been tabled or denied.

Reason Tabled (additional information needed)

Reason Denied

Reconsidered by:

☐ Drinking Water Board Date _____
☐ Wastewater Board Date _____

Results of Reconsideration (Provide narrative here and update cells above):

Kentucky Division of Compliance Assistance
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Continuing Education Activity Report

Division of Compliance Assistance's Assigned Course Number _____

Course Title _____

Course Location _____ Date(s) _____

Course Sponsor's Name & Phone Number _____

Participants Information (Operator certificates contain identification information requested below):

Operator's Kentucky Agency Interest Number	Operator's Name (as on certification)	* Operator's Certification Number/s (Where credit is to be applied)		Continuing Ed Credit Earned (To be completed by Sponsor)	
		DW (treatment or distribution)	WW	** Trg Type	*** Cont Ed Hours Earned
				PC	
				NPC	
				PC	
				NPC	
				PC	
				NPC	
				PC	
				NPC	
				PC	
				NPC	
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				PC	
				NPC	

* Provide certification numbers for Drinking Water Treatment, Drinking Water Distribution or Wastewater Treatment.
 ** PC is Process control and NPC is Non-process control (credit must be separated if WW, all is considered NPC if DW).
 *** Calculate Continuing Education Hours as approved by the Division of Compliance Assistance.

As sponsor of the training completed by operators listed above, I certify it was conducted, and participants performed, according to conditions approved by the Kentucky Certification Boards. I understand that submission of false information could result in expiration of an operator's certification due to non-credit and might be cause for non-approval of subsequent training requests. Further, falsification of a Cabinet document could result in legal penalties per KRS 223.991 &/or 224.99-010.

Sponsor Contact Name (printed) _____

Sponsor Contact Person's Signature & Date: _____